

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Department Use Only		
Location No.	M	V
Registration Date		

See reverse for instructions.

Please check appropriate box:

- ☐ New EFT Filer ☐ Change Bank Account
☐ Change EFT Payment Method ☐ Change Contact Name and/or Telephone Number

SECTION I

Business Name		Employer Account Number - -
Business Mailing Address (Number, Street, Box Number)		Phone Number () -
Business Mailing Address (City, State, ZIP)		
EFT Contact Person	Phone Number () -	

Complete Section II or III below:

SECTION II

☐ ACH Debit

The Employment Development Department is hereby authorized to initiate debit entries to the bank account identified below and the bank is authorized to debit such account. This authority is to remain in full force until EFT payments are no longer required by statute or until the Employment Development Department and I mutually agree to terminate my participation in the EFT program.

Bank Name		<input type="checkbox"/> Telephone <input type="checkbox"/> Personal Computer <input type="checkbox"/> Terminal <input type="checkbox"/> Mainframe/Flat File
Bank Address		
Bank Account Number	Routing Transit Number	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Signature	Title	Date

IMPORTANT: If you have selected the ACH debit option, you must attach a voided check or bank specification sheet from the account to be debited. These will provide verification of your bank account and routing transit numbers.

SECTION III

☐ ACH Credit

The Employment Development Department is hereby requested to grant authority for the above-named taxpayer to initiate ACH credit transactions to the Employment Development Department's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP) and may only be initiated for the EFT tax payments to the Employment Development Department provided for by statute.

Signature	Title	Date
Agent or Bank Program Name (If Applicable)		

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION FORM

GENERAL

Please type or print clearly.

To obtain a copy of EDD's EFT Information Guide (DE 27), contact your local Employment Tax Customer Service Office or call the EFT Unit at (916) 654-9130.

SECTION I

Complete all of the blocks in this section.

Please use your eight-digit state employer account number, and **not** your federal I.D. number, when filling in your account number (e.g., 111-1111-1).

By checking the appropriate box in Section I, you may use this form to:

- Register for participation in the EFT program.
- Change the bank account you use for EFT transactions.
- Change your EFT payment method.
- Change your contact person and/or telephone number.

SECTIONS II AND III

Complete one of these sections, not both. Complete Section II if you have selected ACH Debit or Section III if you have selected ACH Credit. Check the appropriate box and complete each block of information.

- **ACH Debit** - A voided check or bank specification sheet must be attached to the completed Authorization Agreement Form. These will provide verification of your bank account and routing transit numbers. Use the sample check below to locate the bank account and routing transit numbers for your bank. The signature should be the person who is authorized by your business to initiate ACH debit transactions.
- **ACH Credit** - If you are using an agent or bank program, please indicate the agent or bank name on the form. The signature should be the person who is authorized by your business to initiate ACH credit transactions.

ABC Business 1234 Park Avenue Anytown, CA		1044
Pay to the order of	\$	xxxxx
		Dollars
Anywhere Bank U.S.A. Memo	Not Negotiable	
I:133404567 I:1234561304 III: 1044		

1 2 3

1. Routing Transit Number (requires 9 digits)
2. Bank Account Number (not to exceed 17 digits)
3. Check Number

NOTE:

1. Mandatory EFT filers must continue to file electronically each subsequent year they meet the mandatory EFT requirement.
2. It is recommended that voluntary participation in the EFT program be for a minimum of one year.
3. When you have returned your completed authorization form, you will receive a confirmation letter verifying the payment method you have selected.